STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s)Mult	iple		
II. Name of lobbyist's partnersl	iip, firm or corporation, if	any:	
New Hampshire Comm (Name of partner	nunity Loan Fund ship, firm or corporation)		
7 Wall Street	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 224-6669	(603) 225-7425		communityloanfund.org
(Telephone)	(Fa	x)	
III. This statement covers: (Choreportable expense transactions			may file a separate report for
reportable expense transactions	which are not attributable	e to any one chent).	
☐ All reportable transactions oc	curring in the months prior to	o the reporting date relative to	the following client:
(Full Name	e of Client as it appears on the I	obbyist Registration Form)	
OR		,	
☐ All reportable transactions by	he lobbyist (including the lo	obbyist's family), or the lobby	ing firm listed below which ar
unrelated to any particular client.			
IV. Date of Report April 25,	2018	July 25, 2018	
	of registration to 3/31/18	activity from 4/1/18 to 6/30	/18
	31, 2018	January 30, 2019 [activity from 10/1/18 to 12	
V. There have been no fees re If this box is checked, complete ju Concord, NH 03301.			
VI. Check if additional reports	are attached:		
☐ If you have received fees or n		file Addendum A- Fees and	Expenses
☐ If you have paid an honorariu Expense Reimbursement	m or reimbursed expenses, y	ou must file Addendum B-	Report of Honorariums or
☐ If you, your firm, or your fam	ily has made political contri	butions, you must file Adden	dum C-Political Contribution
Sworn Statement/Affirmation b I have read RSA 15, RSA 15-B, R		hereby swear or affirm that th	ne foregoing information is true
and complete to the best of my kn		/ Incided Sweet of diffinition and a	ie ieregemg miermanen is a a
Alls BY hill		4/20/18	
(Signature of lobbyist)		- 101-110	Date)
Dala = 11 1	1110/		
(Print Name of Johnviet)	111111		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

Sworn Statement/Affirmation by Statement of Income and Expense	es for:		
Name of Lobbying partnership, firm, o	or corpo	ration: New Hampshire	e Community Loan Fund
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to a particular client):			
Date of Report (check one):			
April 25, 2018 🕱 July 25, 2018	8 🗆	October 31, 2018 □	January 30, 2019 □
I have read RSA 15, RSA 15-B, RSA the following Addendums submitted submitted):			
X Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm that the foreg complete to the best of my knowledge	_		nt and each Addendum is true ar
AM			4-23-18
(Signature of lobbyist)			(Date)
Tara Reardon			

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:	
Name of Lobbying partnership, firm, or corporation: New Hampshire Community Loan Fund	
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to particular client):	
Date of Report (check one):	
April 25, 2018 ✓ July 25, 2018 ✓ October 31, 2018 ✓ January 30, 2019 ✓	
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above the following Addendums submitted with that Statement (insert the number of Addendum forms submitted):	-
X Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true complete to the best of my knowledge and belief.	e and
(Signature of lobbyist) (Date)	
Julianne McConnell	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

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APR 2 6 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist

Statement of Income and Expenses for:		
Name of Lobbying partnership, firm, or corpo	oration: New Hampshire	Community Loan Fund
Name of Client (leave blank if Statement is for	or the partnership, firm, or	corporation and not related to any
particular client):		
Date of Report (check one):		
April 25, 2018 ☒ July 25, 2018 □	October 31, 2018 □	January 30, 2019 □
I have read RSA 15, RSA 15-B, RSA 664, the following Addendums submitted with the submitted):		
X_ Addendum A(s).		
Addendum B(s).		
Addendum C(s).		
I hereby swear or affirm that the foregoing ir complete to the best of my knowledge and be		nt and each Addendum is true and
(Signature of lobbyist)		4/20/18
(Signature of lobbyist)		(Date)
Debra Miller		
(Print Name of lobbyist)		

STATE OF NEW HAMPSHIRE

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Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

APR 2 6 2018

NEWHAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)	
II. Name of lobbyist's partnership, firm or corporation, if any:	
New Hampshire Community Loan Fund	
(Name of partnership, firm or corporation)	
III. Name of Client N/A	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	t relations, or public relations services
a) Total of all fees received in this reporting period	a) \$0
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$ 0 ear)
c) Total of all fees received to date (Add lines a and b)	c) \$0
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm. e aggregate total of all expenses paid expenses; (b) the aggregate total of all ele: meals purchased during a business as than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for ue of greater than \$25, purchase of a er than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.b) Total aggregate of expenditures during this reporting period, not reported	a) \$603.98
in a), of \$25 or less.	b) \$0
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 0

d) Total expenses for this reporting period	d) \$_ 603.98
(Add lines a, b and c)	1999
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e)\$_0
f) Total of all expenses year to date	f) \$_603.98
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from l period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir is true and complete to the best of my knowledge and belief.	m that the foregoing information
All & Mich	4/20/18
(Signature of lobbyist)	(Date)
Debra B. Miller	
(Print Name of lobbyist)	